

Effect December 29, 1999

Application/Control No.

Applicant(s)/Patent Holder

CLAIMS AS FILED - PART I
Notice of References Cited (Column 2)

09/624,796

SMALL ENTITY
TYPE

Reexamination

NOT OTHER THAN

OR SMALL ENTITY

Art. Unit

FOR	NUMBER FILED	NUMBER EXTRA	Examiner Derrick W. Felt
BASIC FEE			
TOTAL CLAIMS	18	minus 20 =	
INDEPENDENT CLAIMS	3	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		yes	

• If the difference in column 1 is less than zero, enter "0" in column 2

RATE	FEES	RATE	FEES
XS 9=		OR X\$18=	
X39=		OR X78=	
+130=		OR +260=	260
TOTAL		OR TOTAL	1100

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY	OTHER THAN SMALL ENTITY
RATE	ADDI- TIONAL FEE
XS 9=	OR X\$18=
X39=	OR X78=
+130=	OR +260=
TOTAL ADDT. FEE	OR TOTAL ADDT. FEE

(Column 1)

(Column 2)

(Column 3)

ADDI- TIONAL FEE	ADDI- TIONAL FEE
XS 9=	OR X\$18=
X39=	OR X78=
+130=	OR +260=
TOTAL ADDT. FEE	OR TOTAL ADDT. FEE

(Column 1)

(Column 2)

(Column 3)

ADDI- TIONAL FEE	ADDI- TIONAL FEE
XS 9=	OR X\$18=
X39=	OR X78=
+130=	OR +260=
TOTAL ADDT. FEE	OR TOTAL ADDT. FEE

(Column 1)

(Column 2)

(Column 3)

ADDI- TIONAL FEE	ADDI- TIONAL FEE
XS 9=	OR X\$18=
X39=	OR X78=
+130=	OR +260=
TOTAL ADDT. FEE	OR TOTAL ADDT. FEE

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

• The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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